

**New Hampshire Department of Environmental Services**  
**29 Hazen Drive**  
**P. O. Box 95**  
**Concord, New Hampshire 03301 (603) 271-3899**  
**FAX (603) 271-2181**



September 2013

## Registration for Underground Storage Tank Systems

Type of Registration	State Use Only		
<b>Instructions:</b> Please type or print in ink all items except "signature" in Section VII. This form must be completed for each location containing underground storage tanks. If more than four (4) USTs are owned at this location, photocopy the following sheets, and staple additional sheets to this form. <b>Also, provide a site plan and facility layout. (May be an accurate hand sketch).</b>	ID Number: _____ Site Number: _____ Date Received: _____  <table border="1"> <tr> <td>Active Tanks:</td> <td>Closed Tanks</td> </tr> </table>	Active Tanks:	Closed Tanks
Active Tanks:	Closed Tanks		

I. Facility Owner (Tank System Owner)	II. Location of Tank Systems
Kinngsbury Acquisition LLC Owner Name 300 Gay Street Mailing Address Manchester NH 03103 City State Zip Code 603-641-8608 Phone Number (include area code) E-mail	Kingsbury Acquisition LLC Facility Name 80 Laurel Street Street Address (DO NOT USE POST OFFICE BOX) Keene NH 03431 City State Zip Code Cheshire County

III. Land Owner	IV. Stored Product Owner
Same As above Land Owner Name Mailing Address City State Zip Code Phone Number (include area code) E-mail	Kingsbury Acquisition LLC Stored Product Owner Name 300 Gay Street Mailing Address Manchester NH 03103 City State Zip Code 603-641-8608 Phone Number (include area code) E-mail

V. Type of Owner	VI. Type of Facility		
<input type="checkbox"/> Federal Gov't. <input type="checkbox"/> Commercial <input type="checkbox"/> State Gov't. <input type="checkbox"/> Private <input type="checkbox"/> Local Gov't.	<table border="0"> <tr> <td> <input type="checkbox"/> Gas Station  <input type="checkbox"/> Local Government  <input type="checkbox"/> Contractor  <input type="checkbox"/> Petroleum Distributor  <input type="checkbox"/> State Government  <input type="checkbox"/> Trucking / Transportation  <input type="checkbox"/> Air Taxi  <input type="checkbox"/> Federal - Military  <input type="checkbox"/> Federal - Non-Military               </td> <td> <input type="checkbox"/> Utilities  <input type="checkbox"/> Aircraft Owner  <input type="checkbox"/> Farm or Residential  <input type="checkbox"/> Auto Dealership  <input type="checkbox"/> Railroad  <input type="checkbox"/> Industrial  <input type="checkbox"/> Commercial  <input type="checkbox"/> Other (Explain)               </td> </tr> </table>	<input type="checkbox"/> Gas Station <input type="checkbox"/> Local Government <input type="checkbox"/> Contractor <input type="checkbox"/> Petroleum Distributor <input type="checkbox"/> State Government <input type="checkbox"/> Trucking / Transportation <input type="checkbox"/> Air Taxi <input type="checkbox"/> Federal - Military <input type="checkbox"/> Federal - Non-Military	<input type="checkbox"/> Utilities <input type="checkbox"/> Aircraft Owner <input type="checkbox"/> Farm or Residential <input type="checkbox"/> Auto Dealership <input type="checkbox"/> Railroad <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Other (Explain)
<input type="checkbox"/> Gas Station <input type="checkbox"/> Local Government <input type="checkbox"/> Contractor <input type="checkbox"/> Petroleum Distributor <input type="checkbox"/> State Government <input type="checkbox"/> Trucking / Transportation <input type="checkbox"/> Air Taxi <input type="checkbox"/> Federal - Military <input type="checkbox"/> Federal - Non-Military	<input type="checkbox"/> Utilities <input type="checkbox"/> Aircraft Owner <input type="checkbox"/> Farm or Residential <input type="checkbox"/> Auto Dealership <input type="checkbox"/> Railroad <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Other (Explain)		

VII. Certification		
As facility owner I certify under penalty of law that I have personally examined and am familiar with the information submitted in or with this registration form, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I understand that I am subject to the penalties specified in RSA 641:3 for making unsworn false statements.		
Print Name and Title of Owner:	Signature:	Date Signed:
Brian J Thibeault		4/16/19



Other / Unknown, Please Specify	Prim.	Sec.	Prim.	Sec.	Prim.	Sec.	Prim.	Sec.
<b>8. Piping System:</b>	<b>Tank System No.</b>	<b>Tank System No.</b>	<b>Tank System No.</b>	<b>Tank System No.</b>				
Suction (No Check Valve at Tank)	X							
Suction (Check Valve at Tank)								
Pressure								
Gravity								
Siphon								
Line Leak Detector (manufacturer)								
Date installed:								
<b>9. Spill Buckets Installed (Date):</b> Identify all Remote Fills	06/01/1986							
<b>10. Primary Overfill Device (Date):</b>								
Ball Float								
Automatic Shut Off Valve								
Audible High Level Alarm								
Other	Flapper							
<b>11. Inventory Monitoring is Being Done:</b>	Yes	No	Yes	No	Yes	No	Yes	No
<b>12. Release Detection:</b>								
Automatic Tank Gauge (date & manufacturer)	Veeder Root							
Tank Interstitial Monitor (manufacturer)	Veeder Root							
Piping Interstitial Monitor (manufacturer)	Veeder Root							
Vapor Monitoring	N/A							
Groundwater Monitoring	N/A							
Line Tightness test	N/A							
Manual Tank Gauging	N/A							
Other								
<b>13. Corrosion Protection:</b> (Tank =T; Piping =P; Flex Conn or Fittings =F)								
Sacrificial Anodes	T P F	T P F	T P F	T P F	T P F	T P F	T P F	T P F
Impressed Current	T P F	T P F	T P F	T P F	T P F	T P F	T P F	T P F
Other	T P F	T P F	T P F	T P F	T P F	T P F	T P F	T P F
<b>14. Tightness Testing:</b>								
Tank (Date / Results)	N/A							
Piping (Date / Results)	N/A							
<b>15. System:</b>								
Has Tank been repaired?	unknown							
Has piping been repaired?	Unknown							

**IX. Owners Financial Responsibility**

I have met the financial responsibility requirements in accordance with NH Code of Administrative Rules (Env-Or 404.11).



Env-Or 404.11 Financial Responsibility.

- (a) Owners of UST facilities shall maintain financial responsibility for costs associated with the cleanup of releases from UST systems, the implementation of corrective measures, and compensation for third party damages in the amount equal to or greater than \$1,000,000 per occurrence.
- (b) The amount of financial responsibility required shall not limit the liability of an owner or operator for damages caused by a release.
- (c) The requirement for financial responsibility may be satisfied if the owner of a facility is eligible for reimbursement of costs associated with cleanup of releases from systems, under RSA 146-D, RSA 146-E, or RSA 146-F.

**X. Person Responsible for Maintenance and Regulatory Compliance**

Name Gaffek, Inc.

Mailing Address 2083 Dover Rd, Exeter, NH 03234

City 300 Gay Street, Manchester State NH Zip Code 03103

Phone Number (include area code) 603-641-8608 Extension \_\_\_\_\_ E-mail address \_\_\_\_\_

**XI. Final Certification.** (For installations requiring construction approval per Env-Or 407.01)

Final certification may be completed by either a New Hampshire PE or the ICC certified tank installer. Final certification shall only be provided at the time of registration if the installation is complete. Otherwise, final certification may be provided via separate letter when the installation has been completed.

I certify that the installation has been completed and is in accordance with the department's approved plans or as-built record drawings and all terms and conditions of the department's approval. [Env-Or 404.03(i)]

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date: \_\_\_\_\_

NH PE: \_\_\_\_\_ License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ OR, ICC: \_\_\_\_\_ Certification # for UST Installation/Retrofitting \_\_\_\_\_ Expiration Date \_\_\_\_\_

**XII. Stage I / Stage II Vapor Recovery** (Gasoline Systems Only)

Annual Gasoline Throughput\* – All Grades of Gasoline

Year	Total Throughput (gal)

Year	Total Throughput (gal)

\* Throughput required for facilities with only Stage I equipment

Stage I

Coaxial	
Two Point	
Dry Break on Manifold	
Other	

Date of Installation \_\_\_\_\_

Installer \_\_\_\_\_

Stage II

Type Equipment \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Installation \_\_\_\_\_

Installer \_\_\_\_\_

Equipment

Total # of Dispensers	
Total # of Nozzles	
Total # of Gas Tanks	